

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE <i>v.e.</i>	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			<i>24</i>	<i>01 / 29 / 2018</i>		<i>ORIENTAL KITCHEN</i>	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	<i>1:50 PM</i>	<i>1615</i>	<i>CHAN, TED EK</i>	
Investigation			<i>C</i>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<i>170001862</i>		<i>RT. 10, MANGILAO</i>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<i>RESTAURANT</i>				<i>4</i>	<i>734-5110</i>	<i>3</i>	<i>A-3</i>
				No. of Repeat Risk Factor/Intervention Violations <i>0</i>			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness, policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	Hands clean and properly washed			6
7	IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN	OUT	Adequate handwashing facilities supplied & accessible			6
<b>Approved Source</b>						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>						
13	IN	OUT	Food separated and protected			6
14	IN	OUT	Food contact surfaces: cleaned & sanitized			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	Proper cooking time and temperatures			6
17	IN	OUT	Proper reheating procedures for hot holding			6
18	IN	OUT	Proper cooling time and temperatures			6
19	IN	OUT	Proper hot holding temperatures			6
20	IN	OUT	Proper cold holding temperatures			6
21	IN	OUT	Proper date marking and disposition			6
<b>Consumer Advisory</b>						
22	IN	OUT	Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	Pasteurized foods used; prohibited foods not offered			6
<b>Chemical</b>						
24	IN	OUT	Food additives: approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35	X		Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40	X		In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44	X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49	X		Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: *1/29/18*

Follow-up (Circle one): YES NO

Follow-up Date: *2/8/18*

Department of Public Health and Social Services  
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ESTABLISHMENT NAME <b>ORIENTAL KITCHEN</b>		LOCATION (Address) <b>RT. 10, MANGILAO</b>
INSPECTION DATE <b>1/29/18</b>	SANITARY PERMIT NO. <b>170001862</b>	PERMIT HOLDER <b>CHAN, TED EX</b>

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
CHX / BBQ / COOK	199		
CHX - COOKED	44		
LECHON / WALK-IN / COLD HOLD	43		
LECHON / WALK-IN / COLD HOLD	47		
POTATO SALAD / LINE / COLD HOLD	53		
KIMCHEE NOODLE / LINE / COLD HOLD	84		
LECHON / LINE / HOT HOLD	108		
FISH / LINE / HOT HOLD	110		
CHX / HOT BOX / HOT HOLD	118		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED TODAY BASED ON COMPLAINT NO. 17-130 B REGARDING BACK-UP OF SEWER. THE FOLLOWING WAS OBSERVED:	
	(PERSON-IN-CHARGE)	
1.	PIC DID NOT DEMONSTRATE FOOD SAFETY. PIC SHALL DEMONSTRATE FOOD SAFETY TO MAINTAIN MANAGERIAL CONTROL.	02/08/18
19.	PHF / TCS HOT HOLD BELOW 140°F. PHF / TCS SHALL BE HOT HOLD AT OR ABOVE 140°F TO PREVENT PATHOGEN GROWTH; FOOD SHALL BE DISCARDED.	02/08/18
20.	PHF / TCS COLD HOLD BELOW 40°F. PHF / TCS SHALL BE COLD HOLD AT OR ABOVE 40°F TO PREVENT PATHOGEN GROWTH; FOOD SHALL BE DISCARDED.	02/08/18
35.	EVIDENCE OF COCKROACH ACTIVITY WAS OBSERVED. ESTABLISHMENT SHALL BE FREE OF PEST TO PREVENT CONTAMINATION OF FOOD.	02/28/18
40.	IN-USE UTENSILS NOT PROPERLY STORED. IN-USE UTENSILS SHALL BE PROPERLY STORED TO PREVENT PATHOGEN GROWTH.	02/28/18
44.	NON FOOD - CONTACT SURFACES INCLUDING CABINET DOORS, DOOR BY TO STORAGE ROOM, AND WALL BEHIND TABLE IN 3 COMPARTMENT SINK ROOM	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <b>TED EX-FIONG CHAN</b>	Date: <b>1/29/18</b>
DEH Inspector (Print and Sign) <b>E-Lum</b>	Date: <b>1/29/18</b>



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White: DPHSS/DEH      Yellow: Food Establishment



GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO  
GOVERNOR

JAMES W. GILLAN  
DIRECTOR

RAY TENORIO  
LIEUTENANT GOVERNOR

LEO G. CASIL  
DEPUTY DIRECTOR

Date: 1/29/18

ORIENTAL KITCHEN

Name of Establishment

As a result of this inspection your establishment received a:

☒ LETTER OF WARNING

24/C  
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☒ NOTICE OF CLOSURE

24/C  
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,

For James Gillan  
Director

Issued By: E. Luna  
Name of EPHO

Received By: Chan  
Establishment Representative

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